

**THE SAMRA GROUP, LLC  
COSMETIC & RECONSTRUCTIVE SURGERY**



**SAID A. SAMRA, M.D., F.A.C.S.  
ASAAD H. SAMRA, M.D.  
MUNJAL P. PATEL, M.D.**

Dear Patient:

We charge a fee for missed appointments. It is not our intent to inconvenience any of our patients, but in order to run our office efficiently as possible we need to utilize cancelled appointments for other patients. Please read our cancellation policy carefully.

**APPOINTMENT CANCELLATION / NO SHOW POLICY**

We ask that you give the office a minimum of 24 hour notice if you are unable to keep your office appointment. Please **DO NOT** cancel your appointment with our after hours service. You **MUST** speak directly with someone in our office. There will be a \$75.00 charge for missed or no show office appointments.

**ELECTIVE SURGERY CANCELLATION POLICY**

There will be a fee of 10% of the charges for any elective surgical procedure cancelled by the patient less than **ONE WEEK** from the scheduled date, and 20% fee for cancellation less than **TWO BUSINESS DAYS** and 50% fee if cancelled **THE DAY OF SURGERY**.

Thank you for your consideration.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please scan & enter into chart:

ACCOUNT#: \_\_\_\_\_

DOS: \_\_\_\_\_

Scheduler initials: \_\_\_\_\_